

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

995

1. PLACE OF DEATH

County Jackson
Township Franklin
City St. Louis

Registration District No. 399
Primary Registration District No. 1002

File No. 33
Registered No. 33
St. 9 Ward

2. FULL NAME

(a) Residence, No. 1222 Prospect Ave. St. 9 Ward.
(Usual place of abode)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>fe</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James Platt</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 26 1859</u>		
7. AGE <u>72</u>	YEARS <u>3</u>	MONTHS <u>8</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>none</u>		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
England

13. NAME
John Learman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
England

15. MAIDEN NAME
Mary

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
no Record

17. INFORMANT (ADDRESS)
Gas. F. Platt
1222 Prospect Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE
New York, N.Y. DATE 1-5-1932

19. UNDERTAKER (ADDRESS)
Wm. C. L. Foster
918 Brooklyn Ave.

20. FILED
Jan 5 1932
M. M. Cronin
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)
Jan 4 1932

22. I HEREBY CERTIFY That I attended deceased from
March 16 1931 to Jan 4 1932
I last saw her alive on Jan 4 1932 Death is said to have occurred on the date stated above, at 10:45 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic heart disease;
also mel. diabetes
5-1
58B
59
Other contributory causes of importance:
Date of onset

Name of operation _____ Date of _____
What test confirmed diagnosis? Urinalysis Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19 _____
Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury ①

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____

(Signed) J. P. Hall M. D.
(Address) 626 1/2 Alhambra Bldg. St. Louis

Every item of information should be carefully supplied. For should be stated before. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Lathrop Beag